

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15						
16		1				
17	1					
18		1				
19	1					
20	1					
21	1					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32		1				
33	1					
34		1				
35	1	1				
36		1				
37	1					
38		1				
39						
40						
41						
42						
43						
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47						
48						
49						
50						

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

35

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	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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93						
94						
95						
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97						
98						
99						
100						

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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